

KY DEPT OF HOUSING, BLDGS & CONSTRUCTION
ELEVATOR SECTION
101 SEA HERO RD SUITE 100
FRANKFORT, KY 40601-5405
PHONE 502-573-1799 FAX 502-573-1004

APPLICATION FOR INSTALLATION OF:

ELEVATORS, ESCALATORS, DUMBWAITERS, MOVINGWALKS, MANLIFTS, PLATFORM LIFTS, STAIRWAY CHAIRLIFTS,
VERTICAL CONVEYORS, WHEELCHAIR LIFTS

CERTIFICATE NUMBER: _____ DATE: _____ B. A. # _____

APPLICATION IS HEREBY MADE TO THE DIVISION OF ELEVATOR INSPECTIONS FOR THE INSTALLATION OF ONE UNIT AS LISTED BELOW.

A.S.M.E. A17.1

- | | | |
|-------------------------------------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> ELECTRIC ELEVATOR | <input type="checkbox"/> SCREW COLUMN ELEVATOR | <input type="checkbox"/> PRIVATE RESIDENCE LIFT |
| <input type="checkbox"/> FREIGHT <input type="checkbox"/> PASSENGER | <input type="checkbox"/> SIDE WALK ELEVATOR | <input type="checkbox"/> INCLINED PLATFORM LIFT |
| <input type="checkbox"/> HYDRAULIC ELEVATOR | <input type="checkbox"/> SPECIAL PURPOSE PERSONNEL ELEVATOR | <input type="checkbox"/> INCLINED WHEELCHAIR LIFT |
| <input type="checkbox"/> FREIGHT <input type="checkbox"/> PASSENGER | | <input type="checkbox"/> STAIRWAY CHAIRLIFT |
| <input type="checkbox"/> HAND ELEVATOR | <input type="checkbox"/> ESCALATOR | <input type="checkbox"/> VERTICAL WHEELCHAIR LIFT |
| <input type="checkbox"/> INCLINED ELEVATOR | <input type="checkbox"/> MOVING WALK | <input type="checkbox"/> NON-PRIVATE RESIDENCE LIFT |
| <input type="checkbox"/> LIMITED USE / LIMITED ACCESS
APPLICATION ELEVATOR | <input type="checkbox"/> POWER DUMBWAITER | <input type="checkbox"/> INCLINED PLATFORM LIFT |
| <input type="checkbox"/> PRIVATE RESIDENCE ELEVATOR | <input type="checkbox"/> MATERIAL LIFT WITH TRANSFER DEVICE | <input type="checkbox"/> INCLINED WHEELCHAIR LIFT |
| | | <input type="checkbox"/> STAIRWAY CHAIRLIFT |
| | | <input type="checkbox"/> VERTICAL WHEELCHAIR LIFT |
| | | <input type="checkbox"/> RACK AND PINION ELEVATOR |

A.S.M.E. B 20.1 ☐ VERTICAL RECIPROCATING CONVEYOR

SPEED PER MINUTE: _____ FPM. CAPACITY: _____ LBS. NUMBER OF FEET UNIT TRAVELS: _____ FT.

DRIVE OR SUSPENSION MEANS

- | | | |
|---------------------------------------------------|------------------------------------------|----------------------------------------|
| <input type="checkbox"/> TRACTION | <input type="checkbox"/> ROPED HYDRAULIC | <input type="checkbox"/> RACK & PINION |
| <input type="checkbox"/> DIRECT-PLUNGER HYDRAULIC | <input type="checkbox"/> GEARED | <input type="checkbox"/> ROPE-SPROCKET |
| <input type="checkbox"/> WINDING DRUM | <input type="checkbox"/> LEVER HYDRAULIC | <input type="checkbox"/> COUPLING |
| <input type="checkbox"/> CHAIN & SPROCKET | <input type="checkbox"/> SCREW COLUMN | <input type="checkbox"/> OTHER _____ |

NUMBER OF FLOORS UNIT TRAVELS _____ NUMBER OF OPENINGS? FRONT _____ REAR _____ MANUFACTURER _____

HORSEPOWER OF MOTOR _____ CHECK NUMBER OF APPLICATION PAYMENT _____ APPLICATION PAYMENT TOTAL \$ _____

FEE SCHEDULED FOR PERMIT APPLICATION(S)

NOTE: THIS FEE SCHEDULE APPLIES TO EACH INSPECTION PERFORMED UNTIL
UNIT HAS MET ALL CODE REQUIREMENTS AND HAS BEEN RELEASED WITH NO
VIOLATIONS.

0-5 HORSEPOWER - \$75.00

6-10 HORSEPOWER - \$85.00

11 HORSEPOWER AND UP - \$85.00 (PLUS \$10.00 FOR EACH HORSEPOWER OVER 10 HORSEPOWER)

COMPLETE ALL INFORMATION:

☐ UNIT IS LOCATED IN? CITY OF LOUISVILLE ☐ YES ☐ NO UNIT IS STATE OWNED? ☐ YES ☐ NO COUNTY UNIT IS IN: _____

OCCUPANT _____ ELEVATOR COMPANY _____

REQUESTED BY _____

OWNER _____ STATE CODE OFFICIAL APPROVING APPLICATION _____

_____ DATE _____

NOTE: ALL APPLICATIONS SHALL BE IN DUPLICATE, COVERING ONE DEVICE ONLY, AND SHALL BE ACCOMPANIED BY PLANS AND
SPECIFICATIONS IN DUPLICATE. PAYMENT IN CHECK OR MONEY ORDER SHALL ACCOMPANY APPLICATIONS. APPROVAL IS BASED UPON
COMPLIANCE WITH ALL APPLICABLE CODES OR STANDARDS EFFECTIVE IN THE STATE.

LIST ALL CONTRACTORS ON THE BACK OF THE APPLICATION